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|   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
|---|---|---|--|---|----------------------------------|---------------------------------------|------------|------------|----------------------------|-----------|---|---|---|-----|------------------|--|-----|-------|---|-----|-------|--|------------|---|--|-----------|---|---|---|-----------|--|--------|--|--------------|----|-----------------------|----------|----------------------------|----|-----------|------------------------|--------|---|--------|-----|--------|--|-----------------------|------------|----------------------------|------------|------------|-----------|---|---|------------------------|---|-------|------------------------------|--------|-------|--|--|-------|--|--|--|-----------|------------------------|--------|--|--------|--|-----------------------|--|-----------|------------------------|--------|--|--------|--|-----------------------|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |  | Application or Docket Number<br><b>10/525,615</b> | Filing Date<br><b>02/25/2005</b> | <input type="checkbox"/> To be Mailed |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <b>APPLICATION AS FILED – PART I</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">OTHER THAN<br/>SMALL ENTITY</td> </tr> <tr> <td style="text-align: center;">FOR</td> <td style="text-align: center;">NUMBER FILED</td> <td style="text-align: center;">NUMBER EXTRA</td> </tr> <tr> <td><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="text-align: center;">minus 20 =</td> <td style="text-align: center;">*</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="text-align: center;">minus 3 =</td> <td style="text-align: center;">*</td> </tr> <tr> <td><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2" style="text-align: center; padding-left: 10px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2"></td> </tr> </table> <p style="margin-left: 10px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">SMALL ENTITY</td> <td style="width: 50%; text-align: center;">OR</td> </tr> <tr> <td style="text-align: center;">RATE (\$)</td> <td style="text-align: center;">FEE (\$)</td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">X \$ =</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">X \$ =</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;"></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">OTHER THAN<br/>SMALL ENTITY</td> <td style="width: 50%; text-align: center;">OR</td> </tr> <tr> <td style="text-align: center;">RATE (\$)</td> <td style="text-align: center;">FEE (\$)</td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">X \$ =</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">X \$ =</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;"></td> </tr> </table>  |   |   |  |   |                                  |                                       | (Column 1) | (Column 2) | OTHER THAN<br>SMALL ENTITY | FOR       | NUMBER FILED                              | NUMBER EXTRA                                | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A | N/A              | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A | N/A   | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A | N/A   | TOTAL CLAIMS<br>(37 CFR 1.16(i))                               | minus 20 = | * | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   | minus 3 = | * | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |           | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |        |  | SMALL ENTITY | OR | RATE (\$)             | FEE (\$) | N/A                        |    | N/A       |                        | N/A    |   | X \$ = |     | X \$ = |  | TOTAL                 |            | OTHER THAN<br>SMALL ENTITY | OR         | RATE (\$)  | FEE (\$)  | N/A                                       |   | N/A                    |   | N/A   |                              | X \$ = |       | X \$ =   |  | TOTAL |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| (Column 1)  | (Column 2)  | OTHER THAN<br>SMALL ENTITY                  |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA                                |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| SMALL ENTITY  | OR  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| RATE (\$)   | FEE (\$)  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| N/A   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| N/A   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| N/A   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| TOTAL   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| OTHER THAN<br>SMALL ENTITY  | OR  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| RATE (\$)   | FEE (\$)  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| N/A   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| N/A   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| N/A   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| TOTAL   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <b>APPLICATION AS AMENDED – PART II</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">(Column 3)</td> </tr> <tr> <td style="text-align: center;">AMENDMENT</td> <td style="text-align: center;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="text-align: center;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> </tr> <tr> <td style="text-align: center;"><b>01/22/2008</b></td> <td style="text-align: center;"></td> <td style="text-align: center;">PRESENT<br/>EXTRA</td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td style="text-align: center;">* 5</td> <td style="text-align: center;">Minus</td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td style="text-align: center;">* 4</td> <td style="text-align: center;">Minus</td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2"></td> </tr> </table> <table style="width: 100%; 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| (Column 1)  | (Column 2)  | (Column 3)                                  |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <b>01/22/2008</b>   |   | PRESENT<br>EXTRA                            |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| Total (37 CFR 1.16(i))  | * 5   | Minus                                       |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| Independent (37 CFR 1.16(h))  | * 4   | Minus                                       |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| SMALL ENTITY  | OR  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| RATE (\$)   | ADDITIONAL<br>FEE (\$)  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| TOTAL<br>ADD'L<br>FEE   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| OTHER THAN<br>SMALL ENTITY  | OR  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| RATE (\$)   | ADDITIONAL<br>FEE (\$)  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  | 0   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  | 210   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| OR  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| TOTAL<br>ADD'L<br>FEE   | <b>210</b>  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| (Column 1)  | (Column 2)  | (Column 3)                                  |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| Total (37 CFR 1.16(i))  | *   | Minus                                       |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| Independent (37 CFR 1.16(h))  | *   | Minus                                       |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| RATE (\$)   | ADDITIONAL<br>FEE (\$)  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| TOTAL<br>ADD'L<br>FEE   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| RATE (\$)   | ADDITIONAL<br>FEE (\$)  |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| X \$ =  |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |
| TOTAL<br>ADD'L<br>FEE   |   |   |  |   |                                  |                                       |            |            |                            |           |   |   |   |     |                  |  |     |       |   |     |       |  |            |   |  |           |   |   |   |           |  |        |  |              |    |                       |          |                            |    |           |                        |        |   |        |     |        |  |                       |            |                            |            |            |           |   |   |                        |   |       |                              |        |       |  |  |       |  |  |  |           |                        |        |  |        |  |                       |  |           |                        |        |  |        |  |                       |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Legal Instrument Examiner:  
debra a. savoy

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